QI Tools to Support Measurement Activities

CDC Performance Improvement Managers Network Call

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Kathy (Operator): Good afternoon and thank you for standing by. At the time, all participants' lines are in a listen-only mode. This conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the call over to Melody Parker. You may begin.

Melody Parker: Thank you, Kathy. Greetings and salutations everyone and welcome to the May Performance Improvement Managers (PIM) Network webinar. I am Melody Parker. I'm with the Office of State, Tribal, Local and Territorial Support (OSTLTS) and I am joined here today by colleagues from OSTLTS. Teresa Daub and I will be moderating the call today. Thanks for joining us. This is call number four for 2013 and, my goodness, a lot has happened since last we met here on the phone. The PHIT training, the National Grantee Meeting, and I just saw a few of you earlier this week at the National Network of Public Health Institutes Annual Conference, which some of those conference meetings are still going on. Great experience and as always, great to see you guys and talk with you and find out exactly what's been going on out there. So today, we are going to discover how quality improvement tools can strengthen your measurement activities. But, before I introduce our speaker today, let's review some of the technologic features of today's call, which I will give to Teresa Daub. Teresa?

Teresa Daub: Thanks, Melody, and welcome, everyone, to the call today. For those of you who were not able to access the web portion of today's call, please refer to the slides that were emailed to you yesterday. For those of you who are on the LiveMeeting site, you will see the slides on your screen. You can also download these slides via the icon at the top right of your screen. This is the icon that looks like 3 sheets of paper. If you're on the web, you will also be able to see other sites participating in the call by looking at the attendees under the link at the top left.

We will have two ways to take your questions and feedback on the call today. First, you may type in your questions and comments at any time using the Q&A box, and you can find the Q&A box by clicking Q&A in the tool bar at the top of your screen. Please enter your questions or comments there at any time. Second, we will open the lines for discussion after our presentation. You can help us with that now by please muting your phones or pressing star-6 on your phone's keypad. Please note that if you submit a question via the Q&A toolbox on LiveMeeting and you want to remain anonymous, you can do so by typing "anon" either before or after your question. The call today will last approximately one hour. The call is being recorded and the full presentation will be archived at the OSTLTS PIM Network webpage. So that's all we want to review on the features for today's call. I'll turn it back to you, Melody.

Melody Parker: Thank you, Teresa. So yes, so we're moving on. We will be doing a couple of polls, our usual polls, on today's call. The first one is where you stand up to be counted. If you want to have a look here, please indicate your affiliation and tell us if you're a local health department, or you're with a territorial or US-affiliated Pacific Islands health department. Are you a tribal health department, are you a state health department, are you with a national public health organization, or are you with similar or other organizations that we have yet to identify? Please click now. It looks like the preponderance of our attendees today are with state health departments. We have representatives from the local health department area. We have representatives from our tribal entities as well today. We have national public health organizations on the line, a small percentage, 12% of you. And other is 13%. I tell you, Teresa, we really need to figure out who these other people are, don't we? Or is that us?

Teresa Daub: I said to you the same thing.

Melody Parker: Well, thank you guys, thank you for calling. We'll also, of course, want to hear your feedback about today's call, so look for that final poll at the end of the hour to tell us exactly how you felt about it. So today, we have Margie Beaudry from the Public Health Foundation (PHF), which she's the director of Performance Management and Quality Improvement. Again, our topic today on looking at quality improvement as part of the foundation of NPHII work. Today Margie will provide us with an in-depth look. Margie, the highway is wide open for you. Have at it.

Margie Beaudry: Thanks, Melody. It's nice to be talking with all of you yet again. I feel as though I saw many of you just a couple of weeks ago in Atlanta, and so it's nice to be connecting so regularly. This webinar is really focused on an aspect of quality improvement that I think is meant to be very practical. A lot of us think about quality improvement as, you know, certainly associated with Domain Nine in accreditation. We think about it in terms of wanting to improve the performance of our work overall. But, folks are at various stages. Next slide, please.

So I want to put this in a little bit of context. I believe that by now you should all have a copy of the Public Health Quality Improvement Encyclopedia which the Public Health Foundation, with support from CDC, was able to publish last year. This is 75 quality improvement tools and methods, each with public health examples. It's one of many resources for PIMs to support your agencies' use of quality improvement in your daily practice. We know that PIMs has been actively using quality improvement
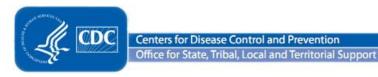
these last three years. We also know that quality improvement, while it doesn't solve all of your problems, it can be a resource for all kinds of things where you might not have thought about. Next slide, please.

So I wanted to point your attention to a paper by my colleagues, Jack Moran and Grace Duffy, which appeared in the ASQ, American Society for Quality Newsletter in 2011. It's also available on the Public Health Foundation website. The title of this paper is, "Quality Improvement Is Not Just for Problems," the focus being that we tend to think about quality improvement, QI, when something's not working. When something isn't reaching its potential, then a process is broken when we're not achieving the target. Then we wanted to use quality improvement to try and figure out well, what's wrong and what can we do differently.

What this paper really is about is it's turning that on its end and saying well, yes, that's a good way to use QI, but also you can use QI when you don't have a problem but when you're actually trying to prevent a problem, or when you're trying to monitor a situation. It really highlights the attributes of successful processes. So it's a reference that I recommend to you, but the idea is that you want to ensure that the right information is uncovered and that information is used effectively when it is uncovered. Which is a very different angle on quality improvement than perhaps has been put in issue up to this point. Next slide, please.

It's in the spirit of QI as part of daily practice that I very much want to put this into this context. The idea here is to build critical thinking skills and QI tools can be a great resource for that. As we move into the next slide, I just want to give you a little bit more background on this particular tool that I'm going to be sharing with you today. It is focused on applying quality improvement tools to strengthen measurement activities. When NNPHI and PHF started talking about creating this tool, we were thinking specifically about the evaluation and monitoring work that the grantees are needing to do as part of their NPHII programs having to report on impact and having to do an evaluation of the work that they're doing. And it was kind of in that spirit that we wanted to put together something to support that.

But one of the things that I've learned in working on this tool and then in sharing it with others is if it really . . . this is less about evaluations specifically and much more about monitoring and measurement generally. So for example, if you are in the process of doing a community health assessment in a community or a state health assessment in a state health improvement plan and you then need to do an implementation of that, you will want to monitor whether the implementation is going as expected. If it's not, you're going to want to tweak your implementation plan in order to ensure that you're getting the results that you want. That is another area where you can use this particular tool. It's about measurement and the goal here is to try and figure out how to take individual QI elements and approaches and apply them very strategically and surgically where they make sense. So in this particular tool, we have a menu of 25 QI tools that potentially can be used at progressive stages of measurement activities. And in the tool, each of these items is described in terms of its progress and its applicability at the various stages.

I really want to give a shout out to the folks who supported us on the development of this tool, CDC obviously, and also we had input and comments from several PIMs from Houston, Kansas, Kentucky, Maine, and Maricopa County, and we had some nice feedback from them at an earlier draft of this, so this is definitely with a collaborative effort that PHF and NNPHI lends it, certainly none of them. Next slide, please.

I believe that Melody shared . . . in the information about the webinar today I think she had passed the tool itself, a PDF file, and I won't be showing you the entire tool today. It's not very long; it's only a few pages. But what I want to do is explain to you today how it's organized. And it's . . . beyond that it's very self-serve and not difficult to pad your way through. So we've conceived a measurement in four stages, and I'm going to warn you that we have some language challenges here, because I know that sometimes folks use the term indicators and the term measures differently than they may be used here. I don't want us to get stuck on the semantics.

The first stage is where you identify what is the area that you want to impact? I'll give you an example. Let's suppose that what you wanted to do was see a reduction in teen pregnancy, as an example. In this context I would call that choosing a measure, choosing what you want to measure impact on.

The next stage, then, is choosing the indicators, that is, how will you measure that? That could be in any number of ways, right? The number of babies born to teens, the number of abortions performed, the number of . . . you could draw this data even out of your WIC enrollment if you were clever. There's lots of ways to measure this particular target, which is the reduction in teen pregnancy. So we're making a distinction in the first and second stages between the thing that you're trying to impact and secondly, how you measure that, which indicators you choose to measure that.

Then the third stage is managing the quality of the data. Now you know what you want to measure and how you want to measure it, but gathering the data and doing so in a way where you have data that really mean what you mean for them to mean, where you have data that are robust and are valid, that are reliable, that is the third stage, managing the quality of your data.

Then the fourth stage, now you have the numbers, what do they mean? How do you get information out of those numbers, turning the numbers into information that you can then act on? Those are the four stages. Then what the tool does is takes this group of 25 quality improvement approaches and lines them up with these different phases so that you can see where they may be applicable. Next slide, please.

I want to start with choosing measures, identifying the factors that the program aims to impact and therefore wants to measure in evaluating the project. Same thing, you could swap out the word evaluating and use monitoring, as I mentioned before. Here is a list of the tools that we view as certainly a sampling of what would be appropriate here. It is certainly not an exhaustive list, but this is a good set of choices to start with. I'm going to give you an example of one. Next slide, please.

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Here's an example at this stage, using a SMART matrix. The SMART matrix is simply an acronym that stands for specific, measurable, attainable, resources, and time. The idea here is that you want to make your choices based on what is going to be smart to get you to the goals you want. You can use it to develop clear actionable goals and tactics and to align your plans with your overall goals and create a result for the plan. The example that's here is from the Public Health Quality Improvement Encyclopedia, but it gives you an example of an area you might want to improve, for example, time to receive services. Specifically, you want to reduce the client wait time by a specific percentage. Is it measurable? That means how will you in fact . . . or what does it mean to reduce it by 25%? Is it attainable? Can it actually happen? What resources are required to make this happen? And then, finally, when do you think you'll get it done? So you're trying to be very, very deliberate in choosing those measures that are going to be specific, measureable, attainable, and have the resources that you need and the time frame in which you're going to do it.

This is a very simple tool that really helps you to organize your thinking, because once you start down this road, what you might realize is that there's something you really want to find improvement in, but it can be difficult to actually measure it. Or measuring that may not be attainable in the time frame that you have. Next slide, please.

I'm moving now to the next stage. This is choosing the specific methods and indicators that reflect performance on the target measures that you chose in the first stage. And again, you'll see the ones that we have aligned with this phase. I'm going to give you an example. Next slide. Here we have a tree diagram. This is not one of the basic QI tools. If you've done or a day or a day-and-a-half of quality improvement training, you may or may not have seen this tool, because it has some specific uses. But the idea here is to move from the general to the specific and to be able to explain details that are organized within categories.

Let's say that maintaining a qualified work force in this example is the goal that you're trying to reach. There are different objectives that align with that goal that . . . there are improvement objective, retention objectives and training objectives, and there are tasks associated with each of those. So for each task, then, there are measures. Well, let's take one of these as an example. Starting with under recruitment, you may have your task to encourage internal applicants to apply. The measure, then, of that particular task is an increased number of internal applicants. There may be other measures that align with that task or with other tasks. So this is a tool that allows you to go from the general, maintaining a qualified work force, to a set of very specific measures, all of which relate to that goal but in very discrete ways. You can do this with any particular goal that you have. It's really just breaking that goal down into the parts of the goal being measured and to roll that together to represent inflection on that goal. Next slide, please.

Now we're in the phase of managing data quality. The idea here is that you want to be able to put in place safeguards that ensure that the data you gathered are reliable, are valid and actually represent the target measures that you're trying to be following. The example that I'll give you on the next page I think will make clear how this works. Here is a familiar QI tool. This is the cause and effect diagram,

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sometimes called the fish bone, or some people call it a root cause diagram. The idea here is to organize your ideas around potential causes of observed effects and create a map of the different causes contributing to an effect.

Now, in this particular case, we are using the example that's from the Public Health Quality Improvement Encyclopedia, so it has to do with the effect being poor HIV testing and the root causes in this example relate to that. But let's imagine, for example, that the problem that you have is missing data. So you're trying to monitor your program, you're trying to evaluate, but you're missing data from very specific offices or from very specific programs. That's a problem that you need to solve in order to have robust data that you can really report on. So this is an example of how can we use a QI tool to drill down to the root causes of what's getting in the way of our having a complete data? Specifically, for instance, with missing data, what we find is it's not random. You find that the data you're missing are often the data that are the hardest to get for a reason. And those reasons are connected to the fact that the patterns in those data may be different from the patterns in the other data. So it's very important to minimize missing data wherever possible. You can use the cause and effect diagram to drill down to the different causes of the missing data and then, of course, generate solutions for solving against those causes so that you can minimize the amount of data that you're missing. Next slide, please.

Then we're in our fourth stage, knowing how to use the numbers, how to crunch the numbers and make sense of the data that you have, and a small group of QI tools that are certainly, again, not exhaustive but they can help you at this stage. The example that I'll give you is a run chart, the next slide. Melody? Thanks. A run chart is an example of basically plotting data, in this case plotting data over time. What we have in this example are two years of data on clinic visits, and it's counting the number of clinic visits. What it allows us to do is to look at the stability of the data and to pinpoint areas that may need improvement. If you're interested in seeing people utilizing your clinic, for example, at the height of flu season, what these data show you, for instance, in that first year is that November–December–January, you actually have lower rate of clinic use, lower visits per month, than you do let's say in March and April and May of that same year.

What these types of trend data allow you to do is take a look over of what's driving this. Sometimes you look at data and it's a very flat line. It's pretty much the same over the course of time, and what that tells you is that that particular variable is stable. But in this case you see a lot of variations. So the question becomes well, did we do something different starting in February or March that made those clinic visits pop up, or is there something about access to the clinic at that time of year that's different? So it allows you to examine the trend and figure out if we need to make an adjustment, if we need to focus on a particular time of year in order to boost our clinic utilization. It shows you where that might be, and allows you to start to hypothesize about what will be driving the variability. Next slide, please.

This is obviously just a starting place. The idea here is to try and set your choice of tool and the application of each tool to the unique circumstances that you're in. Sometimes these tools can be used to gather very effectively, and we really view this as a working document. We hope that it prompts your experimentation in the use of QI tools, not so much for quality improvement projects, but for use in

your daily work. And obviously, we would love to have your comments and hear about your experiences and observations in using this. Next slide, please. Oh, I think that's it. So we're ready for questions.

Teresa Daub: All right, Margie. This is Teresa again, and thank you so much for your very clear and concise presentation today. You've left us with a really excellent time for open discussion, which is what we'll have now. Kathy, if we can unmute the lines. We'd like to hear questions from the group on this tool, or just any question you have in general. We have an excellent expert on the line with us. As the lines are unmuted, please remember to use the mute button on your phone or star-6 if you're not actively asking a question. Are the lines open now?

Kathy: Yes, the lines are open, Teresa.

Teresa Daub: Great, thank you. What questions or comments do you all have today? I know it's tough for the person who goes first, but we'll all thank you, because the questions and comments sort of snowball from there. So is there anyone who'd be willing to speak to some of the challenges that you've experienced in selecting measures and indicators, and perhaps, then, Margie could jump in and make some suggestions about how this new tool may be able to help in the situation for people who have experienced challenges?

Margie Beaudry: Sure, great idea.

Teresa Daub: So, anybody on the line who has experienced challenges? Was there a question behind that, or a comment anyone?

Drew: Hi, this is Drew in New York State.

Teresa Daub: Hi, Drew, go ahead, please.

Drew: Hi, how are you? I don't know if it's a question or a comment or what, but we have some initiatives going on and we're having big organizational units within our department, like for instance, the Center for Community Health, which has four different divisions including chronic disease and environment and nutrition. Anyway, a bunch of people, so we're talking about a 500-person organization. And we have this initiative to at the program level develop performance measures. The problem is we want people to prioritize them. Given that we're public health practitioners, there's a ton of different measures we can come up with. So we've been having a difficult time setting priority on those measures going forward. And then also helping people to understand that while sometimes considered quote, soft measures, measures around operational processes, can be very valuable when you're talking about managing for performance.

Margie Beaudry: Thanks, Drew, and it's a great question. I mean, because we tend to be pretty good in public health at measuring, and the question then becomes, you know, you can't measure everything, how do we prioritize? One of the tools in this particular . . . well, I'm going to say tools inside the tool. But the one that immediately comes to mind . . . there are a couple. One is the prioritization matrix, which is a pretty advanced QI tool in the sense that it requires some math. The good news is that there
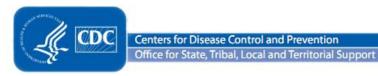
actually is an automated version of this that you can find on our website if you're interested in it and it allows you to just put your numbers in and it does the math for you.

The math is not terribly complicated, but basically the goal here is to be able to compare all options against all other options on our pair-wise comparison so that you're evaluating from one measure to the other which is going to be most valuable to you in achieving a particular goal. Once you've done all of those pair-wise comparisons, you can then apply rank to the measures based on the comparisons that you've done. This is a really good exercise to do as a group, because it allows for the group to come together and kind of rally around those ones that are floating to the top as most important. And yet, for those ones that somebody may have a very strong attraction to a particular measure, but once they're in the dialog and they can see the value of the others, sometimes they're more willing to let that go than if, you know, if they're sort of doing it on their own and they feel as though they're somehow being outvoted. This is a very collaborative process doing a prioritization matrix. So that's an approach that I recommend. It's a little technical, but it's very engaging for folks.

The other one is, I think, to think about a control and influence matrix. You can also think about this as a control and knowledge matrix. But the goal here is, if you imagine that you have two vectors, one is, the first vector is how much control do you have over a particular process or a particular measure, and the other is how much influence do you have over it? Control and influence are different. If you have control, you actually are the person who can steer it in a particular direction, or it's your unit or your business office that can steer it in a particular direction. If you have influence, you probably don't have that level of impact, but you are in a position perhaps to influence others, to educate others, to inflect the outcome, perhaps not directly but perhaps indirectly.

If you can look, then, at those measures where you have a lot of control or a lot of influence, these are the ones which are most likely to be ones that are going to be beneficial for you to be monitoring. Measures where you have very little control and very little influence, you can monitor, but they could be very frustrating for you, because if they turn out not to be the measures that are going in the direction you want, you don't have a lot that you can do about them in a QI process to improve. You don't have a lot of control and you don't have a lot of influence there. So, choose your measures not just that will align with your target, obviously, but which, if they aren't going in the direction you want, you have some way of influencing. That can be very important and helpful, because otherwise you just get depressed. The tree diagram is another tool here which I already showed you, but the idea here is there are so many ways to go, what's going to get you sort of the biggest bang for your buck?

Drew: Thanks, Margie, that's great. We actually just got a bunch of your Encyclopedias here, so I'm looking at the prioritization matrix. You know, it's interesting that the context that these tools bring to light are things we talk about all the time, and we, you know, just kind of *mea culpa*, we don't often bring the tools to light often enough. We don't use them in our conversations. So this was really helpful. The other thing for me, and I hate getting caught up into semantics, but I find we do it all the time, is this idea of measures versus indicators.

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Margie Beaudry: Yep.

Drew: I know you talked a bit about that earlier. Can you just expand on that a little bit? I mean, we talk about we have initiatives to develop performance measures, right? So there's indicators play into that as well. For me, the indicators are more the data visualization tool, like if you're talking about dashboarding or things like that. So measures actually have statistics related to them, and the indicators are more of up-down-level, you know, green light, yellow light, red light type of thing. Is that the right thinking?

Margie Beaudry: Well, you know that I think that yet another way of defining these that was not really on my mind when I was thinking about it. So yes. I mean, I have seen people use the indicator category as is it going in the right direction, as opposed to the measures, which are a little bit more the definition of what you're trying to measure. But if you talk to David Stone at PHAB, they've actually flipped these terms, and they talk about the indicators as the broader goals and the measures as the specifics that you're actually tracking. I think that this can be a frustrating area because there are different terms in use, and even within our field we're not consistent.

What I would recommend here is that we really just back up and look at the big picture, and the big picture here is that there are targets whether they are programmatic, related to health outcomes or administrative related to how we do our work, that we are trying to see change on. Most of those are very difficult to measure directly. And so in my context I'm using the term indicator to help you identify specifically what you will actually count. Those things that are countable or trackable so that you can approximate whether in fact you've made change happen on that measure. Sometimes it's not as complicated as that. I mean, there are times when what you want to do is reduce clinic wait times and what you want to count is the number of minutes that people wait. That's a very direct connection between the measure and the indicator. But there are also times when it's much less straightforward.

Drew: Thanks, and it's a conversation we have a lot and I think, you know, we approach all of these performance measurement initiatives from an improvement mindset. What are we trying to improve upon here, and then that our measures or indicators or whatever you want to call them fall out from that discussion.

Margie Beaudry: Drew, I just want to respond to the other thing that you said a moment ago about how these are kind of, you know, in a certain way we think about doing this stuff all the time and we don't necessarily put into action. I would actually say not only that, I actually think that we do a lot of these things without ever calling them QI. I mean, I think many, many organizations and many people have had experiences with brainstorming, with doing root cause analysis, with asking why, certainly with plotting data and examining it. I mean, these are not new ideas. People have been solving problems for centuries. But I think that by putting them into these discrete tools, it allows folks to feel that oh, there's actually methodology here. I don't have to reinvent it, I don't have to guess as to whether there's a better way to do this. And it just gives a little bit of a roadmap for how to proceed. But it's not meant to be so limiting, so I think if there's a way to do it that appeals to you, that it isn't necessarily in the

instructions or isn't on this table, for instance, that certainly doesn't mean it's wrong. Quite the opposite. So yes, this is capturing to a certain degree what a lot of folks are already doing or thinking about doing without necessarily calling it that. But putting them all together in one place can be very powerful, because it gives you one place to look and a way to get started.

Drew: Thanks, Margie.

Teresa Daub: Thank you, Drew, for posting the first question. Margie, your enthusiasm and knowledge on this topic knows no bounds. So let's start tapping into that as we go. What other questions do you have? Okay, then. I'm going to pose a different question to the group and see if that generates any discussion for us today. I'm wondering if anyone would be willing to speak to their use of any of the techniques that Margie highlighted. What's been your experience with these techniques? I am not hearing any comment on that question, so Margie, let me ask if you have thought of anything else you'd like to share with the group or if you have any questions of your own.

Margie Beaudry: I do, and it's a very open question and it may be met with more silence. But the question I want to ask is really about the barriers. There's a lot of head nodding around QI tools, and certainly we've had marvelous feedback about the QI Encyclopedia. And yet, I do find that there's a certain hesitancy to dive in and apply these tools in ways that may not be sort of the same as the example in which they were given. I'd like to understand that a little better. I'd like to understand what that hesitancy is, or what . . . I guess what we can do to help folks to get over that hump, because it's a very natural thing, but I'm not sure I quite understand what is behind it. I wonder if anyone would like to share if they've had that experience themselves?

Drew: So that it doesn't fall unchallenged, I'll chime in again . . . this is Drew again. I think from my perspective, and you may not believe this, but just afraid of screwing it up. I mean, we go into a lot of different consultation meetings around improvement or managing for performance, and we're seeing that the experts in the agency, and we don't . . . from my perspective, there's not enough of a comfort level with using the tools in various situations, whereby I wouldn't feel like I was tripping over myself trying to apply it in a face-to-face meeting. I think what we can do probably more and will start to do for sure is have the conversations first, come out with some clear notes and a better understanding of the improvement we're looking to do, apply the tools, you know, kind of behind closed doors, and then go back to the team with them like in the short term. So the next day kind of thing. Hey, was thinking about our meeting yesterday. Here's some thoughts on how we might use some QI tools to do it. And then, you know, approach it that way. I think that's been the main issue for us, that we just don't feel that we're that good at it and we want to be seen as good at what we do.

Margie Beaudry: Interesting.

Bren: Hi, Margie, this is Bren from Maine. I would second Drew's comments and what I've tried to do to sort of break out of that comfort zone of not doing them, is trying them with a safe group. Just trying the tool out with my team. But I find that when I applied it needing to get other people to take that with them and then apply the same tool in a different format, I have to lead that discussion and sort of help

them, because it's not just their comfort level with the tool, but also their comfort level with needing that discussion, and again, echoing Drew's comment, it's really about the fear of screwing up.

Margie Beaudry: It's such a basic observation. I mean, you know, one that we've all been carrying around with us since the second grade. I mean, it's so interesting that here we are as grownups and, you know, we do still bump into this, you know, well, what if I do it wrong. I guess what I would say is it's very hard to do this wrong. That in most cases if you try and apply a tool in a situation where that tool hasn't been used before, or in a situation where you're not quite sure how to approach the problem, even if it turns out not to be the right tool, you're going to learn something about the problem or the challenge that you haven't before. And it actually in the end . . . like I think those of you who have been working on QI would agree that in the end it's very empowering to find that something that is sometimes just a logic tool, or something to organize your thoughts like the SMART matrix, can really simplify something that seems otherwise to be kind of daunting. I guess I would encourage folks to look at these as ways of simplifying and streamlining the process as opposed to something that you've got to be good at or then you can't do it. Because they're not any one of them terribly difficult to do. I guess I understand the performance anxiety that folks have, certainly in a meeting, and I like Bren's solution, too. Kind of try it out in a friendly environment. I think the other thing that is very compelling for folks who you may be trying to introduce a process to is they may not care what the tool is called or whether it's a quality improvement tool. If you simply say we're going to do it this way, and slap the matrix up there or start to draw your fishbone or whatever you're going to do, it isn't necessarily helpful for them to know that it's a QI tool, that may actually be a barrier to say you know, here's the approach we're going to take to looking at this particular topic. It will really resonate with people. It's very interesting, anybody who has been in workshops that I have done, you know that I have a particular affinity for dots. I get people up and get them to put little sticky dots on whiteboards or on poster boards. It's a way of doing a very quick poll of the room to get a sense of where everyone is in their preferences or in their areas for where they need improvement. I've had comments from people that, you know, this is such a cool technique, this is such a thing, you know, that I look up in a book or something. It really, really isn't. It's just a very quick way of taking a poll. If I called it a public health tool, if I gave it a name, I don't know that that would make it more effective, and in some ways it might make it more intimidating for me. And this way it doesn't have a name. I play on it, I change it, I do it different ways all the time. (Sounds of another conversation or a television.)

Teresa Daub: A reminder to use your mute button or star-6. We're getting some conversations in the background. There we go.

Melody Parker: Thank you.

Teresa Daub: Margie, actually we have a question via LiveMeeting for you now. It's from Carol. She . . . in specific, if you could speak to how QI tools may be used to help with the state health assessment, state health improvement planning or strategic planning properties. That's a lot of territory; what are your thoughts?

Margie Beaudry: Well, I mean, my answer is yes. My answer is that if you think about QI tools, and I certainly wouldn't limit it to this group of 25 in this example tool, but, you know, if you think about QI tools as a broad group, their purpose is to make your work easier. Their purpose is to make your work more effective and to help you do what you would like to be doing in a way that is getting the results you want. So you can apply that to any challenge, and certainly a state health assessment where . . . let me give you an example. We know that the state health assessment or a community health assessment where you're going to want to engage partners in the community, perhaps you're going to be involving hospitals. We certainly have that help. The community health needs assessment requirements that the hospitals are facing and in many instances they're going to be wanting to partner with health departments in order to accomplish that goal. I mean, there are going to be partners that you're going to be needing to work with. And those partners are going to have different priorities. They're going to have different factors that influence their ability to be successful, and at the end of the day they may have a very different idea for how to approach the challenge that faces you.

So you can use QI tools to help define common ground, to help to do a stakeholder analysis, for example. There's a quality improvement tool that can help you also understand one another. Forming a team charter, so that when you're embarking on something like a community health assessment or a state health improvement plan you understand what the roles are, what the objectives are and how you're going to proceed. One of the things that I know for PHAB, the requirement is not simply to have the assessment and the improvement plan, but also to be implementing that plan and part of implementation is monitoring it. So certainly measures come into play there. I think there's lots and lots of ways in which you can ask the question how can I make this work go better?

Flip through the Quality Improvement Encyclopedia and find solutions. If you have the book at hand, one of the things you'll find at the early part of the book is there's a cross-reference table that categorizes each tool according to what type of problem it is. Some tools are about data. Some tools are about people. Some tools are more about decision-making. You can . . . if you know that you're dealing with a decision-making problem, you can look up the tools that are relevant to that using that table as a start. So that can help you narrow it down a little bit, but my general answer to this is, the whole purpose, I think it's not the whole purpose, but part of the reason that quality improvement is a part of the public health improvement initiative and part of the reason that quality improvement is a part of public health accreditation is because quality improvement will help all of us do our work better. And it's not an end in itself. It is a means to that end. It's the same reason that we're all wanting to improve the public health. All of those goals align.

So whenever I have a problem, whether it's managing a staff member at my work, or whether it's starting to figure out how am I going to get my kids to school on time, or whether it's something related to data in an analytic sense and trying to understand what the data are telling me, I tend to find that QI tools work for me. It looks far beyond having a problem and designing a quality improvement project around it. It really is about making this kind of thinking and this kind of turning to these tools something

that you just do in your daily practice. Carol, that was a long-winded answer to your question, but my answer is yes.

Carol: This is Carol. Thank you so much. That was very helpful.

Teresa Daub: Are there any other responses to Carol's question? Any additions or elaboration on Margie's comments? I want to give everybody a chance to chime in with their thoughts and ideas. Okay, then, Margie, we're going to step back to our previous conversation just a bit when we were talking about the challenge that being the fear of screwing up and selecting a QI tool. A question via LiveMeeting, do you think that the use of the tools, the fear of using a tool, is lessened if one has a good understanding of the specific issue that needs to be addressed?

Margie Beaudry: I don't know. I actually . . . I love that question. I'm sure it's what the group thinks of that. I mean, my actual response to that may surprise you. My response, that personally is, is that the tool helped me think my way through an area where I don't know anything. That I don't have to be a subject matter expert. If I have a tool, it will help me to leverage the expertise that others have. Or, if I'm in the room and I'm trying to get others to contribute to the designing of a solution, I don't need to be the expert on that subject if I have the tool. But that's just my own experience. I'm curious how others see it.

Mark: Hi, Margie, this is Mark. I tend to agree. If we understand the process . . . let's say we're using the PDFA or the Lean Six Sigma. I think that's where we need to be the expert. The expert around what is the process to get to an end, because for instance, if you really don't know where people are going, there's a tool for that. There's brainstorming, there's different variations of brainstorming, so I tend to agree with you.

Teresa Daub: Thanks, Mark. And Margie as well. But Margie, I think what I heard you say is that QI tools are helpful, that it doesn't matter whether you know the issue really well or not so well.

Margie Beaudry: Well, I think that's right and I also think that if you don't know how well you know the issue, the QI tool can help you figure that out as well.

Melody Parker: Sometimes isn't that the whole point?

Margie Beaudry: Yes, exactly. I mean, you know, I can't . . . I'm trying to think of a concrete example that doesn't violate confidentiality somehow. But I just feel as though I have repeatedly had the experience where I get asked a question, but I don't really know the content very well. Maybe it's a question about something like epidemiology or maybe it about emergency preparedness, which is not an area I know very well. You know, and I'm trying to be helpful, but I certainly don't want to mislead somebody and take them down a road just out of my own ignorance. And I don't, you know, I want to be cautious there, but I also want to be helpful. What I tend to find is that I can use a QI tool or a QI process to help me navigate there, and it will help me figure out where do I not know the answer and

where do I know the answer. Oftentimes the person asking the question has a part of the answer already, they just may not recognize it.

I guess I really think of this a little bit like if I'm driving a car and I'm on a freeway that has a particular speed limit, and I decide to use my cruise control, it makes everything I do easier because now I can concentrate on things like steering and keeping my kids from fighting and the other things I have to do when I'm in the car. And the cruise control just takes . . . just means that I have one less thing to worry about. I guess that's how I feel about QI tools. It doesn't do everything for me; I still have to drive the car. But it allows me to not worry about one thing and that is whether my approach is going to be successful. I really have confidence that these tools will help you to have a successful approach.

Teresa Daub: Yeah. I think there maybe is an expectation in this question that we can all reflect on. And that is if our fear, it's not of using the tools, the fear of messing up. If our own anxiety around that can be reduced by practicing the use of the tools around issues that we know really well, then that's probably a good place (inaudible – recording skips) this time. So, you know, maybe we can draw that little bit of a lesson or an opportunity from that question, like start where you're going to be the most comfortable practicing a new tool. Maybe that's with something you know really well, or maybe you want to volunteer with the group that you're not as closely associated with and practice there.

Are there any other questions on the line today, or any comments? All right, well, I will say thank you once again, Margie, for your great presentation and all of your responses to our questions. Thanks, everybody, for being on the line. Let's turn the line back to Melody for our final comments and polls and close out.

Melody Parker: Thanks, Teresa. Thank you, everyone. Thank you, Margie. Thank you, Drew. Thank you, Carol. Thank you, everyone, for hanging in there. As always, I always learn something on these calls, so again, thanks again. So the poll's open, please by all means go ahead and make with the click and vote. How would you rate this webinar overall? And then, of course, if you want to give us some additional feedback on the phone or suggest topics for future calls, you can email us at PIMNetwork@CDC.gov.

Please join us for our next call scheduled for June 27th. You've been hearing teasers, sort of movie trailers, about the NPHII online system that's been in development a good while now. Well, now it's time for the individual training. It's time for a live demo. You're going to be seeing that on next month's call, again June 27th, the fourth Thursday of the month, at 4:00 pm.

Again, remember you can view and download these calls and these materials at the PIM Network webinar archive site. We will alert you when those are ready. If we've got nothing else, without any further ado, I will bid you adieu for the afternoon and will see you the next time on our next call, June 27the. Thanks lots, everyone. Have a great afternoon.

Kathy: Thank you. This concludes today's conference call. You may disconnect at this time.